MEETING OF THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

HELD AT REDLANDS, DECEMBER 2 AND 3, 1903

(Reported by H. P. HILL, M. D.)

President John C. King of Banning called the meeting to order and introduced Dr. T. M. Blythe, president of the local society, who delivered a short address of welcome.

Following the completion of the routine business of the society, Dr. M. D. Toland of Pomona, chairman of the Committee on Cutaneous Diseases, read a paper on "A New and Successful Treatment of Some Obstinate Skin Diseases." A brief history of the discovery of electricity was given, the discovery of the X-rays and their therapeutic value in diseases of the skin, especially in psoriasis, epithelioma, acne, eczema and lupus. A case of lupus in a man 80 years old was exhibited, which had involved both sides of the face, cured by exposure to X-rays. A case of epithelioma of lower lip of two years' duration, which had showed little tendency to heal after several exposures, was then shown. He had had remarkable results in many cases of obstinate eczema, lupus and epithelioma, and thought that in the X-ray, judiciously applied, good results could be obtained in nearly every case.

Dr. Champion of Colton in discussing the paper dwelt on the relative merits of static machines and coil; did not think acute eczema well treated with X-rays. In advancing epithelioma advised radical operation, and then use of X-ray if tendency to return.

Dr. Beckett insisted on an early radical operation in epithelioma.

Dr. Browning of Highland reported an obstinate case of acne.

Dr. Toland closed the discussion, saying that he was in favor of operation in epithelioma where admissable.

Dr. O. J. Kendall read a paper entitled "Sequela of Gonorrhea in the Female." He said that if gonorrhea were confined to the urethra, the disease would be without its terrible import. But following the urethra all contiguous tissues were infected and endometritis, salpingitis, oöphoritis, peritonitis and pelvic abscess might result. Except in acute stage the treatment was surgical and according to tissues infected.

Dr. Follansbee in discussing the paper said that the conditions resulting were protean and the cause of much invalidism. The treatment should be preventive as well as surgical, and appealed to the profession for a stronger stand for preventive treatment, and in the prevention of marriage during a period where infection was possible.

Dr. A. L. Macleish of Los Angeles read a paper entitled "The So-called Vernal Catarrh of the Conjunctiva." Vernal catarrh he considered a rare disease, neither catarrhal nor vernal. characterized by its persistency, resistance to treatment and excessive itching. He divided the disease into three types: First, mild form. In this form the epithelial layer is thickened and opaque and subconjuctival tissues of a peculiar orange color tint. There may or may not be a thin layer of mucous secretion; is viscid. Second type, more severe. There is a nodular hypertrophy of the tarsal conjunctiva forming pedunculated papillæ like a regular tesselated pavement. Third type. There are nodular growths at the limbus corneæ, chiefly lateral, encroaching on the cornea. Exacerbations are common and are the cause of the misnomer. The essential unvarying feature is hypertrophy of the epithelium and increase of the underlying connective tissue.

The differential diagnosis must be from catarrhal conjunctivitis and trachoma. The prognosis chronic and persistent; the treatment palliative and surgical.

Dr. B. F. Church of Los Angeles then read a paper on "Sympathetic Ophthalmia." He spoke of the difference between sympathetic ophthalmia and sympathetic irritation. Giving the theories concerning the production of sympathetic ophthalmia and its etiology. Sympathetic opthalmia very resistant to treatment and enucleation not always successful or advisable. The disease fortunately is rare and develops from three weeks to five months after injury to the fellow eye. The onset is insidious—may be blindness with pain or without pain. Sympathetic irrigation is benign and may develop in a few days or years. It has no tendency to pass into inflammation and is relieved by enucleation. How it can produce sympathetic ophthalmia is not well understood.

Discussion of both papers opened by Dr. T. J. McCoy, who spoke of the rarity of vernal catarrh, and reported one case in which he did not at first recognize the diagnosis. Not definitely settled whether there is a distinction between sympathetic ophthalmia and irritation, or the same disease divided.

Dr. Miller spoke of ichthyol to alleviate the itching. Spoke of the question as to the manner in which sympathetic irrigation was produced. He considered the two diseases separate and advocated conservatism in treatment.

Dr. F. W. Thomas of Claremont read a paper on "Relationship of Diseases of the Chest to Those of the Nose and Throat." He dwelt on the results of downward extension of catarrhal conditions of the upper passages; of the result of difficult and unphysiological breathing, caused by stoppage of the nasal passage as by growths, deflected septum, the presence of adenoids in the vault of the pharynx, all producing mouth-breathers. He especially considered the relationship existing between tubercular laryngitis and tuberculosis of the lungs.

Dr. Babcock of Los Angeles read a paper on "How I Treat Suppurative Otitis Media." First, general history. Wash out the ear as well as possible with alcoholic solution boracic acid for two or three days. Careful examination of the drum, eustachian tubes, post nasal space, inferior turbinates, etc. Then wash out with peroxide of hydrogen and dry. Careful examination again made; small amount of pus may be obtained by exhausting air with otoscope; small amount of necrosed bone may be found by careful probing in some cases; polypus removed with snare or alcohol; granulations receive alcohol; look occasionally for necrosed bone; small focus may be touched with pure carbolic and then with alcohol; strong silver solutions may also be used; blow dry boric acid into ear frequently.

Dr. Miller spoke of relationship of adenoids and adenoid disposition. Mouth-breathers prone to affections which may be derived from infection taken in in that way.

Dr. Babcock condemned practice of syringing by patients. Should be done through a speculum. Thoroughly wash and then use dry treatment.

Adjourned till 7 p. m.

EVENING SESSION.

Dr. Millspaugh read a paper on "Complications and Sequalae of Typhoid Fever." He spoke of the differential diagnosis of perforation; the necessity of an early diagnosis was urged, so that operative interference would be of some value. He reported several cases to illustrate his points. A case of ante-mortem infection with gas bacillus was reported; a case of hemorrhage at the end of the third week was reported, with what he considered admirable treatment,

consisting of suprarenal extract; complete rest by shutting off milk diet and the use of morphine; cold to the abdomen in shape of ice coil. In post typhoid sepsis, after a correct diagnosis of the condition was made, he urged the use of solid food and getting the patient out of bed. A careful diagnosis was imperative between this condition and a relapse—recrudescence and malaria. In septic type the zig-zag temperature chart, chills and sweating were present; malaria must be excluded by blood examination for parasite and leukocytosis. In relapse diazo appears after disappearing, increase in size of spleen and reappearance of rose spots and temperature curve are suggestive. In the management of these septic cases small amounts of solid food should be given and increased gradually. If the patient gets worse he must be gotten up out of bed. Stimulation should be given p. r. u.

Dr. Barlow urged the necessity of an early diagnosis; in perforation, must diagnose early to operate early. Thought the management of post-typhoid sepsis should be less radical; should take into consideration anemia and nervousness as a cause of temperature.

Dr. Wing considered the treatment depended entirely upon diagnosis. If heart was all right the treatment outlined for sepsis was good.

Discussed also by Bullard, Cole, Black and Pillsbury.

Dr. R. L. Doig of San Diego read a paper, "Effects Upon After Life of Infancy and Early Childhood." The health of infants is surprisingly good in Southern California, when one considers the number of parents who have come to California for their health. The home training of children too often neglected and abused. From early infancy the child should be taught obedience and not allowed to rule the family. The necessity for this shows in the characters of children who have been pampered. As far as possible the physician should tactfully bring these points to the minds of mothers and fathers.

The paper was discussed by Dr. Follansbee and others, and it was suggested that it was a delicate matter to interfere in the control of other people's children.

Dr. L. G. Visscher read a paper on "Indigestion Relative to Diseases of the Heart." With a wide margin of cases of mixed nature it is possible to distinguish disturbances of the circulation caused by acute or chronic gastro-intestinal derangements and dyspeptic symptoms caused by diseases of heart and blood vessels. The treatment in both conditions is widely different and in order to get the most benefit both must be carefully considered. Especially is this the case in regard to the taking of fluids, taken too freely they will weaken the myasthenic stomach and by the increase of gas stagnation cause palpitation, intermissions, etc. The real damage is done, however, by overtaxing the right ventricle. Proper consideration should be given to this point when aneurysma or contracted kidney are found to be associated with chronic indigestion.

Discussed by Drs. Cole and Barlow of Los Angeles.

Dr. Elbert Wing read a paper "Concerning the Diagnosis and Treatment of Hemiplegia." Hemiplegia may be due to cerebral hemorrhage, embolism or thrombosis, diagnosis depending as much on the causes as on the symptoms. The paper dealt chiefly with spontaneous cerebral hemorrhage and its associated states-miliary aneurism atheroma and fatty degeneration. The etiological factors in embolism and thrombosis were enumerated. By means of charts a brief illustration of the motor tracts and centers were given. The differential diagnosis between the three forms of apoplexy and coma due to alcohol, uremia, opium and diabetes was given. The fifteen minutes having elapsed, the treatment and indications for same had to be omitted.

In discussing the paper, Dr. Brainerd spoke of the difficulty in diagnosis between hemorrhage and embolism. Miliary aneurisms are result of arterial disease. Embolism due to cardiac disease. Thrombosis occurs at extremes of age. In hemorrhage there is always a decided shock, in thrombosis there are prodromal symptoms.

In prognosis the temperature is a fair guide. After the fall a continuous high temperature is unfavorable. Nystagmus and restlessness of limb are unfavorable signs.

Dr. F. D. Bullard read a paper on "The Serum Treatment of Diphtheria." Diphtheretic antitoxin does not have action on fixed toxin. Must be given to unite or render innocuous unfixed toxins. In cases of suspected diphtheria 1000 to 1500 units should be given, in mild cases 2000 to 3000, in severe 5000 or more. This should be repeated if no amelioration in mild cases in eighteen hours, in severe from four to twelve hours.

Always use concentrated serum. In cases of mixed infection with streptococcus use in conjunction antistreptococcic serum 10 cc. every twelve hours. Local applications should be of antiseptic nature and constitutional treatment supportive.

Dr. Millspaugh—Advisable to obtain a smear for immediate examination as well as a culture.

Dr. Toland, Jr., spoke of other bacteria causing membranes in throat.

Dr. Thomas—Klebs Loeffler bacilli are constantly found in the mouth and their appearance in culture is not always indicative of diphtheria.

Dr. Wing, in answer to Dr. Thomas, said that a culture taken from the throat of a person complaining of a sore throat, with or without membrane showing a growth of Klebs Loeffler bacilli, was proof that diphtheria was present.

Dr. Toland—We old fellows don't need the microscope to tell us when a patient has diphtheria. We go to a patient, say "Open your mouth," look in and see whether they have it or not. I have just finished my ninety-fourth case of diphtheria without a death in Pomona. I give 3000 units of antitoxin and repeat every six hours. I also give two grains of calcium sulphide a day to disinfect the blood, also give arsenate of strychnin. I have been interested to note how long after giving antitoxin the patient begins to feel better, and one patient that had been taken sick on a Monday and I saw on Friday felt better one hour after giving antitoxin and was in church on Sunday.

Dr. Cole—I have been wondering whether since Dr. Toland never uses a microscope, some of his ninety-four cases might not have been follicular tonsilitis.

Dr. Baird inquired whether there was a health officer in Pomona—to allow a patient suffering with diphtheria on Friday to go to church on Sunday.

Dr. Ide of Redlands said he thought it better to give 2000 units on the first day than 6000 on fourth or fifth day.

Discussion closed by Dr. Bullard. The meeting then adjourned till Thursday 2 p. m.

A reception was tendered the visiting ladies at the home of Mrs. Tyler on Wednesday evening.

Thursday morning those wishing to go were taken in carriages around Smiley Heights, the McKinley drive, and interested parties visited the settlement on the outskirts of Redlands for indigent consumptives.

Thursday at 2 p. m. meeting called to order by President King. After the election of a number of new members Dr. Walter Lindley reported the death

of Dr. Julius Crane, Santa Ana; Dr. Karl Schwalbe and Ross C. Kilpatrick, Los Angeles; Anthony J. Comstock, Ventura.

Dr. Mary E. Hagadorn read a paper on "Early Diagnosis of Extra Uterine Pregnancy." The paper was a plea for the continual lookout for this condition. Extra uterine pregnancy is no longer considered rare and can be diagnosed before rupture. Women should be educated to put themselves under medical supervision as soon as pregnancy is suspected. Cases with previous pelvic inflammation, irregular bleeding or colicky pains during the first weeks of pregnancy should be carefully examined. Diagnosis can and should be made before rupture. Report of case.

"The Relative Indications for Cesarean Section and Report of Case," Charles D. Lockwood, Pasadena.

Modern asceptic surgery has broadened the indications for Cesarean section. In this case mother had had an injury to thigh when young and for several years had had sennes leading from that region. The result was a deformed pelvis, contraction of the transverse diameter, necessitating a Cesarean section. Indicates the necessity of careful pelvimetry. A brief enumeration of various pelvic deformities and obstetric operations available were given.

Dr. Mattison in discussing Dr. Hagadorn's paper, spoke of the differential diagnosis between appendicitis and ruptured tube. Examine cases early where history of discharge. In speaking of Dr. Lockwood's case, spoke of relative merits of symphysiotomy, early induction of labor and Cesarean section. Craniotomy he considered a thing of the past.

Dr. Bicknell reported an eight months' case ectopic gestation delivered through rectum.

Dr. C. W. Murphy spoke of the control of hemorrhage by means of pressure on ovarian and uterine arteries. The relative merits of catgut and silk as a suturing material for uterus. Believed Cesarean section of value in eclampsia.

Dr. F. C. Shurtleff read a paper on "Fractures Involving the Elbow Joint." Fractures should be treated according to displacement of fragments, and prevention of loss of carrying angle. This in many cases can be best obtained by putting up in extended position—in other cases in right angle or more. Early motion productive of more harm than good. Report of several cases.

Dr. J. T. Stewart of Los Angeles read a paper on "Drainage in Abdominal Surgery."

Dr. LeMoyne Wills read a paper on "Fracture of Neck of the Femur," with report of case and skiagraphs.

Dr. W. W. Beckett of Los Angeles gave an interesting paper on the surgical treatment of floating kidney, detailing, with the use of cuts, the operation as performed by himself. Condemned the use of any mechanical means of support as dangerous and unscientific. Many of the nervous symptoms were allayed by operation and usually great relief from all symptoms was the result.

Dr. Lobingier, in discussing the papers, said: In fractures around the elbow joint certain deformities result, and these deformities will determine the treatment in any given case. The extended position as a usual treatment is not as good as an angle of 90° or 135° in the greater number of cases. The distance the patient falls is no indication of the amount of injury done. Must first determine the amount of separation of fragments and then can judge of the advisability of the extended position. In regard to nephropexy relief is obtained by the operation as a rule. Mechanical applications are unsatisfactory. Several methods were described. A reasonable normal position was what was aimed at.

In abdominal drainage we find less and less frequent cause for its use. Early and correct diagnosis lessens the necessity for it. The rationale is to reach dependent areas. The method that will do that safely and avoid the least adhesions is the best. Fowler's position as spoken of by the author is very good. Infections of upper right quadrant are least favorable; of the pelvis more favorable. In regard to fractured hip the least interference possible gives best result. I am in the habit of using a wire basket splint.

Dr. Pahl—In regard to fracture of elbow the desideratum is to maintain the carrying angle, and this is best obtained in majority of cases by supine extended position and plaster of paris splints.

Papers were also discussed by Drs. Lockwood, Witherbee and others. The discussion was closed by Dr. Wills of Los Angeles. Meeting adjourned.

A banquet was tendered the association by the Redlands Medical Society in the evening. D. C. A. Sanborn of Redlands introduced Dr. Mattison, who acted as toastmaster, and a very pleasant evening ended the thirty-second regular semi-annual meeting of the S. C. M. S.

OTHER SOCIETY MEETINGS.

Alameda County.

Meeting called to order at 8:30 P. M., Tuesday, December 8, Dr. Hamlin presiding. Forty-four members were present.

The first paper was read by Dr. F. L. Adams, the subject being "Surgical Treatment of Perineal Lacerations."

He said that Emmet was the first to devise a successful operation for the treatment of this condition, but that the technique of his operation was so misunderstood and imperfectly performed that there was a question in his own mind whether his work had resulted in any ultimate good to humanity. However, his method, or some modification of it, is almost universally used to-day by the best surgeons. He reviewed the anatomy of the perineum, presenting charts showing the relation of the different structures, and classified lacerations into recent and old, open and submucous, complete and incomplete, stating that the submucous tear was very often overlooked by the obstetrician. He thought that very few primiparæ escaped laceration, and it was his practice to exclude them by a thorough examination of the perineum and vaginal walls, using the gloved index or middle finger in the rectum to evert the posterior vaginal wall. Recent lacerations should be repaired at once, chromacized catgut sutures being used, except in cases of exhaustion or extreme loss of blood when the intermediate operation should be done. After explaining in detail the technique of the Emmet operation, describing, by means of charts, the various steps of denudation, placing and tying of sutures, the doctor described a modification of the Emmet operation which he had used sucessfully and which he thought was especially adapted to cases of long standing in which there is present complete retraction of the muscular and fibrous structures of the pelvic floor, with prolapse of the viscera. In this operation the denudation is similar to that of Emmet, but a deep dissection is made on either side, and the extremities of the torn muscles and fascia found and brought together by means of a buried continuous chromacized catgut suture. The submucous membrane is sutured over the muscle layer with either continuous or interrupted sutures.

The paper created considerable interest and was discussed very freely by many present.

Dr. McCleave called attention to the fact that many perineal tears could be prevented by placing the patient on her side during the second stage of labor. He commented on the operation as done by Dr. Som-